



Downriver Panthers Activity Registration

Downriver Panthers- adaptive sports and recreation for individuals with disabilities is a registered 501(c)3 non-profit organization whose goal is to promote inclusion by providing fun and friendship to those that may not otherwise get those opportunities. We accept members from all over, regardless of age, with a variety of impairments. There are no membership fees or dues, but most of our activities do have a minimal cost to them.

While we welcome friends and family to join in the fun in most of our events, the Panthers is a team specifically for those with special needs. Joining us is easy! Please complete the registration form in its entirety (*all information and signatures are required*) and get it back to us one of 3 ways: 1. bring to the next scheduled activity 2. mail to P.O. Box 535, Flat Rock, MI 48134 OR 3. email it to us at DownriverPanthers@gmail.com.

Please email the completed and signed registration forms to downriverpanthers@gmail.com or bring them with you to your first event.

Participant Details

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of birth: _____ Phone: _____

Email: _____

Parent/Guardian Information

(Required if registering a minor under 18 years of age)

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone: _____

Will you be interested in volunteering with Downriver Panthers activities: Yes ___ No _____

MEDIA WAIVER

I hereby agree to photographing and/or videotaping tapes of the person named above by Downriver Panthers. I also grant to the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Downriver Panthers and its officers, directors, employees, agents, volunteers and contractors from all claims, demands, and liabilities whatsoever in connection with the above.

Self/Parent or Guardian Signature _____

Date _____

EMERGENCY TREATMENT

No individual can be accepted for participating in the sports activities until this form has been completed by his/her parent(s) or guardian or by the individual if he/she is a legally competent adult, age 18 or over. Although every effort will be made to avoid any accident, no liability can be accepted by any of the individuals or organizations concerned or by Downriver Panthers and its officers, directors, employees, agents, volunteers and contractors.

Participant Name: _____

Date of Birth: _____ Diagnosis: _____

Person who should be notified in case of emergency in absence of parent or guardian:

Name: _____

Phone: _____ Relationship: _____

Self/Parent or Guardian Signature _____

Date _____

PARTICIPANT WAIVER AND RELEASE OF LIABILITY

In consideration of the opportunity to participate in the Downriver Panthers' (hereinafter Organization) programs and events (hereinafter Event), which are including but not limited to swimming, baseball, bowling, game nights and any other deemed appropriate event at various locations, whose registration process requires me to accept this agreement, I hereby agree to the following Waiver and Release of Liability (Agreement):

1. **Waiver and Release of Liability:** My child's or ward's participation in the Event is voluntary and subjects them to the possibility of physical injury (which could be minimal, serious, and/or result in death) and loss of or damage to their property (collectively, Risks). Accordingly, I agree to the following on their behalf and as their parent and/or guardian:
 - a. I hereby release and hold harmless Company, its officers, directors, employees, agents, volunteers, and contractors (collectively, Releases) from any claim, demand, loss, liability, damages, and attorney fees and costs whatsoever arising from, related to, or resulting from these Risks (Claims), including those caused by the negligent acts or omissions of any or all of the Releases.
 - b. I recognize the physical exertion involved in the event and attest and certify that my child/ward is physically fit to compete safely, and I have not been advised otherwise by a health care professional.
 - c. As between each of the Releases and me, I will be solely responsible for any and all medical and related bills that my child/ward may incur because of any injury, as well as costs related to loss or damage to their property, that they may sustain as a result of their participation in the Event, including those sustained on the premises where the Event is conducted and while they are traveling to and from such premises, regardless of the location or mode of transportation.
 - d. This Agreement shall be binding on their and my estates, heirs, executors, administrators, successors, and assigns, as well as any other party asserting a Claim on their or my behalf or on behalf of their or my estates.

2. General Provisions:

- a. I hereby expressly agree that (1) this Agreement shall be governed and construed according to the laws of the state of Michigan without regard to its conflict of laws provisions and (2) any action or proceeding concerning any Claim or the meaning or effect of any provision of the Agreement shall be conducted only in the federal or state courts located in Detroit, Michigan, and that for such purposes, I expressly submit to the jurisdiction of such courts.
- b. This Agreement contains the entire understanding between and among the parties concerning these matters. No waiver, modification, or amendment of any of the terms of this Agreement shall be effective unless made in writing and signed by the party to be charged.
- c. I hereby expressly agree that if any portion of this Agreement is held invalid, the balance of the Agreement shall nonetheless continue in full legal force and effect.

I warrant that I have read and understand that this Agreement involves my waiver and release of significant rights on behalf of both myself and my child/ward and my assumption of significant indemnification responsibilities in participating in the Event.

Self or Parent/Guardian Signature _____ Date _____

CODE OF CONDUCT

The mission of the Downriver Panthers is to provide fun and friendship via adaptive sports and recreational activities to those with disabilities. To ensure our members and their families have a positive experience we have a Code of Conduct for our parents, guardians, and caregivers to adhere to. Everyone is required to have a signed Code of Conduct on file in order to participate in any Downriver Panther events effective immediately.

As a valued member of the Downriver Panthers family, myself and my guests pledge to:

- Be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, volunteers, coaches, officials and spectators at every game, practice or other event
- Not engage in any kind of unsportsmanlike conduct with any official, coach, player, volunteer, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
- Demand an environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all events.
- Accompany minors by a parent or guardian at all times and will be supervised. I understand it is my responsibility that behavior is conducive to a classroom setting.
- Ensure that we all will exhibit respectful behavior to all persons and understand that the Panthers have a zero-tolerance policy for sexual harassment and violence (either verbal or physical in nature).
- Pay for any damages we incur as a result of our own actions. I understand that the Downriver Panthers is not responsible for these costs.
- Ask for help when needed! I understand that if I need help during an event with a difficult situation that I can and will verbalize that to other parents, members, and volunteers around me.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action levied by the Downriver Panthers Board of Directors that could include, but is not limited to the following:

- Verbal Warning
- Written Warning
- Suspension from Activities
- Removal from the Downriver Panthers

Panther Name (Printed): _____ Date: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____